

Quick Guide on Accessing Inpatient Psychiatric Services and How to Access Osawatomie Temporary Census Diversion Funds (OTCDF)

- Step One: Law Enforcement, community member, and/or community hospital contacts CMHC to request a screen. (Courtesy screening policy will remain as currently written)
- Step Two: If a screen is warranted, the CMHC contacts KHS to obtain a tracking number
- Step Three: If KHS agrees that a screen is warranted a tracking number is provided and the CMHC conducts the screen
- Step Four: CMHC sends completed screen to OSH if hospitalization is indicated
- Step Five: OSH and CMHC triage individual to identify if they meet the criteria for involuntary hospitalization
- If Yes, and there is a bed available at OSH then the person is transferred to OSH
- If Yes, and there is not a bed available at OSH then OSH and CMHC discuss what service would best meet the individuals needs from the below list of services:
- Inpatient hospital beds
 - Crisis Stabilization Services
 - 24 hour structured care environment
 - Social Detox
 - Sobering beds
 - Intermediate SUD beds
 - Reintegration beds
- Is Secure transportation needed Yes or No (Circle One)
- Step Six: Triage form with recommended service is completed by OSH and faxed to KHS. In addition, OSH calls KHS to notify them that a referral was made.
- Step Seven: KHS will contact the CMHC and discuss where the needed resources are located and determine a plan. If a courtesy screen, services located closest to the individual's home community should be considered first.
- Step Eight: CMHC contacts the facility agreed upon to make transfer arrangements. If the facility does not agree to accept the individual, CMHC must contact KHS to explore additional options.
- Step Nine: CMHC arranges transportation and assists the individual being transporting to the appropriate service.
- Step Ten: Responsible CMHC will be actively engaged from the admission to the discharge.
- Step Eleven: If additional bed days are needed, KHS will initiate the Utilization Review Process.

*** Please note: Funding to support placements are one-time funds appropriated to temporarily assist with OSH census diversion during construction on patient units. These funds are only to pay for individuals who meet the definitions of KSA 59-2968 of Mentally Ill Person and who require inpatient psychiatric treatment and who, if not for the construction, would otherwise be admitted to OSH. In addition, these funds are reserved for individuals who have no third-party payer.**

Definitions of Services

Inpatient hospital beds Can be short- or long- term program directed by a Medical Director. A highly structured hospital environment intended to stabilize acute symptoms for individuals who have an acute psychiatric illness, are incapable of self-preservation and require 24-hour nursing supervision.

Crisis Stabilization Services Intensive clinical and support services available immediately in a person's home or available 24/7 in an alternative environment, not in a hospital.

24 hour structured care environment Service is highly structured for individuals who require 24 hour supervision and who may be incapable of self-preservation in the immediate future.

Sobering beds A short-term (4-6 hours) safe place for intoxicated individuals to sober and be offered Substance Use Service.

Social Detoxification A service for individuals whose intoxication/withdrawal symptoms are sufficiently severe enough to require 24-hour structure and support. This service is usually less than 4 days.

Intermediate SUD beds An intermediate treatment provides a regimen of structured services in a 24-hour residential setting.

Reintegration beds A sober living facility that assists individuals with applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual back into the community.